



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 02 Big Horn			District: 0023 Hardin Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
17-H	1442	No	ESP, ARNE & LAURA	7.88	_____
17-H	1443	No	BIGMAN, LUZENIA V	1.75	_____
17-H	1444	No	EDWARDS, CANDICE	1.20	_____
17-H	1446	No	PRETTY ON TOP, KATHRYN	1.25	_____
17-H	1447	No	PRETTY ON TOP, THOMAS	1.25	_____
17-H	1448	No	PRETTY ON TOP, NORMAN & DONNA	1.25	_____
17-H	1449	No	PRETTY ON TOP, VERONICA	1.25	_____
17-H	1450	No	SWINDELL, JENNIFER	1.00	_____
17-H	1493	Yes	HAMMOND, DELORA	2.63	_____
17-H	2359	No	Hill, Roseline A	1.50	_____



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Date		Signature, Chair, Board of Trustees			
County: 02 Big Horn		District: 1189 Hardin H S		District Level: High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1493	Yes	HAMMOND, DELORA	2.62	_____
1	1494	No	WALBORN, KARMCIE	5.25	_____